One of the disquieting features of the nursing service in Kanyakumari district in the recent years is the growing disparity in wages, working conditions and welfare facilities and the consequent exploitation of the female nurses working in the government, institutional and private hospitals. The district boasts of a long medical and female nursing history. It has a comparatively high literacy rate and draws into the profession women in large numbers. Yet a
pilot survey revealed that the female nurses hail from a disadvantageous socio-economic background which paves the way for their misery. The present study was undertaken to investigate the magnitude of such exploitation and to expose the problems to the planners and policy makers so as to seek remedial measures to ensure better prosperity of the female nurses and the resultant quality enrichment of the health services through the enhanced financial security of the female nurses.

Though a critical evaluation of the wage, working conditions and welfare related problems of the female nurses remained the primary objective of this study, other specific objectives were also pursued as logical corollaries. To set the problem in its historical perspective, the medical and nursing history of Kanyakumari district was traced. The wage differential existing in the government, institutional and private hospitals was found out. The rate of exploitation of the female nurses working in the institutional and private hospitals was measured in comparison with the wages in the government hospitals. Exploitation resulting from the uncongenial working
conditions and denial of welfare activities was studied. The socio-economic factors that contribute to the exploitation of the female nurses were identified.

The study estimated that the wage of the female nurses in the government hospitals was the standard to measure the exploitation of the female nurses. This scientific investigation, limited to the problems of the qualified female nurses in Kanyakumari district, has also suggested measures that could immensely transform the professional role and condition of the female nurses.

Taking the cue from Karl Marx's Theory of Exploitation based on the capitalistic mode of production, this analysis concurred that the labour is exploited in order to increase the profit of the capitalist by increasing the surplus value. Here the rate of surplus value, which is also the rate of exploitation, is used explicitly.

The primary data for the present study was collected from a hundred female nurses working in the government, institutional and private hospitals using the stratified random sampling method. The samples were
CONCLUSIONS

1. The wage structure of the qualified female nurses in Kanyakumari district reveals that there is a vast difference in the three types of hospitals namely, the government, the institutional and the private. The wages also differ from one institutional hospital to another and from one private hospital to another. The difference is found statistically significant at five per cent level.

2. The extent of exploitation varies according to the sector of hospital and wage duration. In a period of twenty five years, all the qualified female nurses get between two thousand and one and five thousand rupees per month as wage in the case of the government hospitals; whereas in the institutional hospitals, only thirty six per cent of the nurses get between two thousand and one and four thousand rupees, and all others receive below two thousand and one rupees. In the private hospitals, all the nurses get a salary below two thousand and one rupees. For the same period of service, the wage rate increased one hundred per cent in the government hospitals and little more than that in
the institutional and private hospitals. The deviations of wage in the institutional and private hospitals compared with the government hospital increase as the years of service increase.

3. All the nurses in the government hospitals are on a fixed pay scale, but only eighteen per cent in the institutional and thirty seven per cent in the private hospitals are on the fixed scale. All the rest receive only a consolidated pay.

4. The wage deviation of the private hospitals from the government hospitals is higher than the institutional hospitals. The rate of exploitation is greater in the private hospitals than in the institutional hospitals. The rate of exploitation varies when computed on the basis of daily and hourly wage duration, as the female nurses put in more days in a month and more hours in a day. Hourly wage exploitation is more pronounced than daily wage exploitation; and daily wage exploitation, than the monthly wage exploitation.

5. The change in the rate of exploitation in the case of the institutional hospitals is much higher than
the private hospitals, even though the rate of exploitation is lower in the institutional hospitals. Another important finding is that the change in the rate of exploitation is diminishing as the years of service of the nurses increase both in the institutional and the private hospitals.

6. Regarding working conditions, the number of working hours in the government hospitals is fixed as eight hours, whereas in the institutional hospitals, it ranges from eight to twelve hours and in the private hospitals, it ranges from ten to fourteen hours a day.

7. The duration of interval during the working hours ranges from fifteen to thirty minutes in the institutional and private hospitals, whereas in the government hospitals it varies from thirty to sixty minutes.

8. Nurses in the government hospitals have a three shift pattern of eight hours each, while those in the institutional hospitals have a three shift pattern with slight variation. But in the private hospitals the nurses work in a two shift system. The
number of night shifts per month ranges from eight to fifteen in the institutional and private hospitals. If the number of nurses working in a hospital is less, the incidence of night duty is more.

9. The bed-nurse ratio recommended by the Central Council of Health is 5:1 and 3:1 in the teaching and non-teaching hospitals respectively. But in Kanyakumari district, the bed-nurse ratio ranges from 13:1 to 50:1. The patient-nurse ratio in all the three types of hospitals ranges from 75:1 to 150:1.

10. The leave and holidays sanctioned for the nurses reveal that twenty nine per cent of the nurses in the institutional hospitals and eighty two per cent of the nurses in the private hospitals are given leave without pay. But in the government hospitals, all the nurses receive pay when they are on leave.

11. The extent of maternity benefit the nurses receive depends upon the type of hospital. In the government and institutional hospitals they receive ninety days leave with pay, free consultation services and
medical aid. In the private hospitals though maternity benefit is given to fifty six per cent of the female nurses, it is denied to forty four per cent of them.

12. Compensation in terms of free treatment is not rendered in any of the three types of hospitals. The physical and health conditions of the nurses are not taken into consideration. They are not consulted regarding their postings in the contagious disease wards. Fifty three per cent of the nurses from the government hospitals consider the decisions of postings as prejudicial.

13. Uniform allowance is given to the nurses of the government hospitals, but eighty two per cent of the nurses from the institutional hospitals and ninety eight per cent of the nurses in the private hospitals do not get any such allowance.

14. Twenty nine per cent of the female nurses in the institutional hospitals and seventy four per cent in the private hospitals do not have the hostel and boarding facilities. But all the female nurses in the government hospitals enjoy hostel and boarding.
15. Though rest rooms are available in the government hospitals, they are not up to the mark. Lack of seating facilities and cleanliness pose problems to the female nurses. In the institutional hospitals twenty one per cent of the female nurses are not provided with the rest rooms or shelters and in the private hospitals eighty one per cent of the female nurses also lack rest room facilities.

16. Canteens are more prominent in the government hospitals than in the institutional and private hospitals. Thirty nine per cent of the nurses in the institutional hospitals and twenty nine per cent in the private hospitals are not provided with canteen facilities. Where the canteens are available, they are run purely on profit motive; and the prices are higher and unsubsidised.

17. The institutional and private hospitals are better equipped with urinals and toilets; and all the female nurses in those hospitals enjoy such facilities. But in the government hospitals, twenty seven per cent are deprived of these facilities.
18. Sanitary conditions are good in the institutional and private hospitals. As high as sixty one and ninety six per cent of the female nurses in the institutional and private hospitals respond favourably. But in the government hospitals, it is not satisfactory according to eighty seven per cent of the female nurses.

19. Though sixty five per cent of all the female nurses are provided with medical facilities, there is a distinct variation in the extent of facilities provided to them. It ranges from free consultation services and treatment to nurses and their families in the government hospitals to mere consultation services to the nurses excluding their families in the private hospitals. In the institutional hospitals, concessions are made on the cost of the treatment. Thirty five per cent of the nurses are deprived of any medical facility.

20. Irrespective of the type of hospitals, ninety eight per cent of the nurses have no creche facility. Therefore they have to leave their children at the mercy of others.
21. Due to the tedious and long hours of work and the heavy workload, the female nurses are not inclined towards any recreation. The nurses do not consider themselves deprived of this facility. Ninety three per cent of the nurses in the government hospitals, forty six per cent in the institutional hospitals and ninety five per cent of the nurses in the private hospitals do not enjoy any recreation facility.

22. Consumer co-operatives are rare in the institutional and private hospitals. Seventy five per cent from the institutional hospitals and ninety one per cent from the private hospitals respond negatively. But seventy three per cent of the nurses from the government hospitals have consumer co-operatives.

23. The female nurses show their dissatisfaction with the assignment of work because of the absence of task specification. Due to the inclusion of non-nursing and off-station activities which require little or no skill, more time is wasted and the nurses are exploited. Moreover eighty two per cent of the nurses from the institutional hospitals and fifty eight per cent of the nurses from the private
hospitals are not satisfied with the work assigned to them and complain of favouritism.

24. In the institutional hospitals refreshments are given to seventy nine per cent of the female nurses in between their work. In the private and government hospitals only eleven and thirty three per cent of the nurses respectively are provided with refreshment during work hours.

25. The social security measures are available in the government and institutional hospitals and they cover all the female nurses. But the private hospitals lag behind, and forty four per cent in the private hospitals do not benefit from any social security scheme.

26. An analysis of the social factors that contribute to the exploitation of the female nurses reveals that eighty seven per cent of the female nurses in the government hospitals, all the female nurses in the institutional hospitals and ninety three per cent of the female nurses in the private hospitals belong to the Backward and Scheduled Castes. The higher percentage of socially backward groups in the
institutions and private hospitals lead to exploitation.

27. Sixty per cent of the female nurses in the government hospitals, one hundred per cent in the institutional hospitals and ninety one per cent in the private hospitals are Christians. Over representation of Christians, essentially the descendents of a once suppressed group, is also responsible for exploitation.

28. The educational level of the female nurses in the three types of hospitals is encouraging. Sixty per cent of the female nurses in the government hospitals, sixty one per cent in the institutional hospitals and eighty nine per cent of them in the private hospitals have the Secondary School Leaving Certificate as their basic qualification. Here the skilled, qualified female nurses of the institutional and private hospitals are exploited, thus contradicting the Marxian theory which propounds exclusively the exploitation of the unskilled labour.
29. Marital status of the female nurses reveal that all the female nurses in the government hospitals are married. In the institutional hospitals, thirty two per cent of the female nurses are unmarried. In the private hospitals ninety three per cent are unmarried. Unmarried nurses in the institutional and private hospitals accept employment with low wages and are prone to exploitation.

30. Ninety three per cent of the female nurses in the government hospitals, sixty eight per cent in the institutional hospitals and eighty six per cent in the private hospitals are members of nuclear families. While the female nurses in the government hospitals manage their families with better wages, the female nurses in the institutional and private hospitals accept employment at low wages to maintain their nuclear families.

31. Eighty seven per cent of the female nurses in the government hospitals, eighty two per cent in the institutional hospitals and eighty six per cent in the private hospitals own their houses. Some female nurses of the institutional and private hospitals live in non-electrified houses. Those who live in
rented houses pay a low rent. A rent of less than two hundred rupees is paid by sixty per cent of the nurses in the institutional hospitals, and thirty eight per cent of the nurses in the private hospitals. With the prevailing market rent, the low rent paid by the female nurses suggests their low social status and limited affordability.

32. A survey of the location of the houses of the female nurses shows that the percentage of the female nurses living in the rural areas is much higher in the cases of those in the institutional and private hospitals than in the government hospitals. The distance between the house and the workspot reveals that forty five per cent of the female nurses in the institutional and private hospitals live twenty five to thirty five kilometres away from the hospitals. Long travelling time reduces their real wages.

33. In terms of occupational status, sixty one per cent of the sample respondents fall in the lowest category of staff nurse. Of this eighty five per cent are working in the institutional and private hospitals.
34. Again, ninety three per cent of the female nurses in the institutional hospitals and ninety four per cent of the female nurses in the private hospitals fall in the monthly household income group of less than seven hundred rupees, whereas in the government hospitals, there is no one in that income group. The subsistence level of income compels them to accept the low wages.

35. Sixty eight per cent of the female nurses in the government hospitals fall in the monthly household expenditure group of more than one thousand rupees. In the institutional and private hospitals only nine per cent fall in that expenditure group. Low level of expenditure is an indicator for low economic status. The total monthly expenditure exceeds the income of the female nurses in the institutional and private hospitals, and they are forced to bridge the gap with debt.

36. Eighty seven per cent of the female nurses in the government hospitals, seventy five per cent in the institutional hospitals and fifty three per cent in the private hospitals save for different purposes. The analysis of the level of saving shows that
eighty five per cent of the female nurses in the
government hospitals save more than five hundred
rupees a month. But in the institutional hospitals
only fifty two per cent save more than five hundred
rupees. In the private hospitals no female nurse
saves more than five hundred rupees. The reason is
attributed to lower wages.

37. Sixty nine per cent of the female nurses in the
government hospitals save money to buy the durable
consumer goods, whereas in the institutional
hospitals thirty three per cent of the female nurses
and in the private hospitals eighty per cent of the
female nurses save money for marriage.

38. Forty nine per cent of the female nurses in the
institutional hospitals and nineteen per cent from
the private hospitals borrow more than five hundred
rupees, whereas no one from the government hospital
borrows more than five hundred rupees a month.

39. An analysis of the size of the family of the female
nurses reveals that forty seven per cent of the
female nurses in the government hospitals, seventy
three per cent of the nurses in the institutional
hospitals and ninety two per cent of the female nurses in the private hospitals have a family of more than four members. The large size of the family of the female nurses in the institutional and private hospitals lowers the standard of living of the female nurses.

40. In the families of the female nurses in the institutional and private hospitals, the dependents are greater in number than the earners. Sixty three per cent of the family members of the female nurses in the institutional hospitals and sixty eight per cent of the family members of the female nurses in the private hospitals belong to the unproductive age groups of 'below fifteen', 'fifteen to thirty' and 'above sixty' years.

41. The sex composition of the family members of the female nurses shows that fifty nine per cent of the family members of the female nurses in the institutional hospitals and fifty seven per cent of the family members of the female nurses in the private hospitals are females. The commonly practised dowry system in this district imposes the financial strain on the female nurses.
The conclusion may be drawn that the wages of the nurses in the institutional and private hospitals are very low when compared with the government hospitals. They are exploited in terms of working conditions and welfare facilities. They are faced with immense problems. Based on the analysis and understanding of the wage, working conditions and welfare facilities, the following are considered to be the factors responsible for the dissatisfaction among the nursing personnel:

i. Low pay and inadequate allowance

ii. Long hours of work and inconvenient shift system

iii. Heavy work load

iv. Unmanageably high patient – nurse ratio

v. Shortage of staff

vi. Assignment of non-professional and off-station duties

vii. Poor working conditions like insufficient accommodation, shortage of equipment and supplies, lack of rest rooms, transportation facilities

viii. Maladministration
ix. Inadequate leave and holiday facilities

x. Lack of work compensation, special allowance, overtime and incentives

xi. Lack of facilities for higher education

xii. Lack of freedom in professional work

xiii. The low status generally attributed to them

xiv. The consequent proneness to victimisation and exploitation

RECOMMENDATIONS

Having summarised the factors responsible for exploitation and dissatisfaction among the female nurses, the following suggestions are forwarded:

1. A substantial proportion of the nurses choose nursing as a profession for purely financial reasons and also due to the large avenue of employment opportunities it provides. There should be an increase in wages, allowances and incentives.

2. There should be a government legal machinery to maintain the parity between the wages in the government and the institutional and private hospitals. Career advancement should be given after suitable years of service.
3. Improvement of working conditions in terms of reasonable working hours, equal night shifts to all the nurses, and reduction of work load should be enforced.

4. Social security measures to protect them from dangerous diseases, provision of work compensation and medical aid should be provided.

5. Provision of welfare facilities such as rest rooms, canteens, boarding, lodging and transportation should be carried out.

6. Protection from exploitation both in the workplace and outside should be ensured.

7. An awareness must be created to respect and recognise the professional contributions of the nursing personnel to the society at large.

Implementation of the above suggestions will go a long way in improving the general inferior conditions presently endured by the female nurses in the government, institutional and private hospitals in Kanyakumari district. It will also restrain nurses from migrating to foreign countries in search of better career prospects, handsome salaries, modern facilities